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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. MI22-1795 First Inventor or Application Identifier Li Li Title | Methods of Forming Integrated Circuitry, Semiconductor Processing.

(Only for new nor	Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EL 844054653 US				
	PLICATION ELEMENTS ter 600 concerning utility patent application conte	ents.	ADDRESS TO: B	ssistant Com ox Patent Ap ashington. D	C 20231
1.	re Transmittal Form (e.g., PTO/SB/17) mit an original and a duplicate for fee processing cification [Total Pages 26] cerred arrangement set forth below) secriptive title of the Invention Plus tooss References to Related Applications attement Regarding Fed sponsored R & Deference to Microfiche Appendix ackground of the Invention in the Invent	1	b. Paper C c. Statement ACCOMPANY 7. X Assignment Pa 8. 37 C.F.R.§3.73 (when there is	nino Acid Seessary) ter Readable Copy (identice ent verifying ING APPL apers (cover 3(b) Stateme an assignee	equence Submission e Copy cal to computer copy) identity of above copies ICATION PARTS sheet & document(s)) ent Power of Attorney
- At 3. X Dra 4. Oath or D a. 3 b. 5 *NOTE FOR I FEES, A SMAL IF ONE FILE 16. If a COI Prior app. For CONTINE	Newly executed (original or copy) Copy from a prior application (37 C.F. (for continuation/divisional with Box 16 com) i. DELETION OF INVENTOR(S) Signed statement attached dinventor(s) named in the prior a see 37 C.F.R. §§ 1.63(d)(2) an TEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SM. L. ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.2 DIN A PRIOR APPLICATION IS RELIED UPON (37 C.F. NTINUING APPLICATION, check appropriate	eleting application, d 1.33(b). IALL ENTITY 77, EXCEPT 1.R. § 1.28). e box, and sujion-in-part (Cl	10. Information Dis Statement (IDS 11. Preliminary An 12. X Return Receip (Should be sponsor) 13. Statement(s) (PTO/SB/09-12) 14. Certified Copy (if foreign prior Atlanta As 15. X Other Chance	sclosure S)/PTO-1449 nendment t Postcard (ecifically iter State of Priority E rity is claime eck for \$1 corney/Cer signee elow and in a No: Art Unit: which an oat	MPEP 503) mized) ement filed in prior application is still proper and desired Document(s) ed) 350.00: Power of tificate by preliminary amendment: /
reference. Th	e incorporation <u>can only</u> be relied upon when	n a portion h	as been inadvertently omitte	d from the s	ubmitted application parts.
X Custom	er Number or Bar Code Labe l	02156	NCE ADDRESS or th bar code label here)	Corr	espondence address below
Name	Mark S. Matkin Wells St. John P.S.				
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA		99201-3828
Country	Tek	ephone	509-624-4276	Fax	509-838-3424
Name (i	Print/Type) Mark S. Matkin		Registration No. (Attor	rney/Agent)	32,268

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FEE TRANS	MITTAL	Complete if Known		
I LE IIIAIIO		Application Number	Unknown	
for FY 2	000	Filing Date	Unknown	
Patent fees are subject to annual revision Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C F R §§ 1 27 and 1 28		First Named Inventor	Li Li	
		Examiner Name	Unknown	
		Group / Art Unit	Unknown	
TOTAL AMOUNT OF PAYMENT	(\$)1,350.00	Attorney Docket No.	MI22-1795	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to	arge Entity Small Entity	ee Paid			
Deposit Account 22 0025	Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath	0.00			
Deposit Account Wells St. John P.S.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	0.00			
Name	139 130 139 130 Non-English specification	0.00			
Under 37 CFR §§ 1 16 and 1 17	147 2,520 147 2,520 For filing a request for reexamination	0.00			
2 Payment Englaced:	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00			
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00			
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00			
	116 380 216 190 Extension for reply within second month	0.00			
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month	0.00			
	118 1,360 218 680 Extension for reply within fourth month	0 00			
	128 1,850 228 925 Extension for reply within fifth month	0.00			
101 690 201 345 Utility filing fee 740.00	119 300 219 150 Notice of Appeal	0.00			
106 310 206 155 Design filing fee	120 300 220 150 Filing a brief in support of an appeal	0.00			
107 480 207 240 Plant filing fee	121 260 221 130 Request for oral hearing	0.00			
108 690 208 345 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	0.00			
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	0.00			
SUBTOTAL (1) (\$) 740.00	141 1,210 241 605 Petition to revive - unintentional	0.00			
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	0.00			
Fee from Extra Claims <u>below</u> Fee Paid	143 430 243 215 Design issue fee	0.00			
Total Claims 47 -20** = 27 × 18 = 486	144 580 244 290 Plant issue fee	0.00			
	122 130 122 130 Petitions to the Commissioner	0.00			
Multiple Dependent =0	123 50 123 50 Petitions related to provisional applications	0.00			
**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	0.00			
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	40.00			
100 10 200 5 Cidino in CACCOS Ci 20	146 690 246 345 Filing a submission after final rejection (37 CFR § 1 129(a))	0.00			
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be				
109 78 209 39 **Reissue independent claims	examined (37 CFR § 1 129(b))	0.00			
over original patent	Other fee (specify)	0.00			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	0.00			
SUBTOTAL (2) (\$) 570.00	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.0	00			
SUBMITTED BY Complete (if applicable)					
Name (Pnnt/Type) Mark S. Matkin	Registration No (Attorney/Agent) 32,268 Telephone 509-624-4	276			

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